Effective October 1, 2003

Application or Docket Number:

10/509118

 -			2										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE ()			OTHER THAN OF SMALL ENTITY			
T	OTAL CLAIMS		(Coldini	1	TOOL]	RATE	FEE	ריי ר	RATE	FEE	
					NUMBER EXTRA			BASIC FEE	 	-	BASIC FEE	1,	
FOR .			NUMBER	FILED	NUME				 	OR		1080	
TOTAL CHARGEABLE CLAIMS			Ominus 20= *			/ 3		X\$ 9=		OR	XS18=	234	
INDEPENDENT CLAIMS							 	X43=		OR	X86=	Ì	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT			Z		+145=		OR	-290=	290	
*.11	the difference	less than z	ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1604		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I			
		(Column 1)		HIGHE		(Column 3)	7 r			7			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##	##			XS 9=		OR	XS18=		
	Independent	•	Minus	***		=] [X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+145=			+290=		
		•					L	TOTAL		OR	TOTAL		
								ODIT. FEE	·	OR .	ADDIT. FEE		
	•	(Column 1)		(Colum	n 2)	(Column 3)	_						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₩Q.	Total	•	Minus	**	•			X\$ 9=		OR	X\$18=		
MEN	Inaependent	-	Minus	###		=		X43=		OR:	X86=		
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						! -					·	
							L	+145=		OR	+290=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	i	OR	X\$18=	·	
	Independent	•	Minus	***		= .		X43=		OR	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
	* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.									OR			
	the esterie celle	na 1 ic lace than 4	a aata, ia aat	mn 2		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							
I	f the "Highest Nur		id For IN THIS	S SPACE is I	ess than	'20', enter "20."	Ar	TOTAL DDIT, FEE		OR ;	TOTAL ODIT. FEE		